

Great Rivers Behavioral Health

Administrative Services Organization

Policy Title:	Care Management and Coordination	Policy No. 6032.01
Category:	Clinical	Date Adopted: 7/9/2021 Date Revised: 11/4/2021 Date Reviewed:
Reference:	Washington Health Care Authority (HCA) Contract	

POLICY

- 1.1. For the purposes of this policy, Care Coordination means an Individual's healthcare needs are coordinated with the assistance of a primary point of contact. The point of contact provides information to the Individual and the Individual's caregivers and works with the Individual to ensure the Individual receives the most appropriate treatment, while ensuring that care is not duplicated.
- 1.2. Care Coordination Requirements
 - 1.2.1. Great Rivers BH-ASO has protocols that promote coordination, continuity, and quality of care that address the following:
 - 1.2.1.1. Access to crisis safety plan and coordination information for individuals in crisis.
 - 1.2.1.2. Use of GFS or FBG funds to care for Individuals in alternative settings such as homeless shelter, permanent supported housing, nursing homes, or groups.
 - 1.2.1.3. Strategies to reduce unnecessary crisis system utilization as defined in the Crisis System Section of Great Rivers BH-ASO's contract with HCA.
 - 1.2.1.4. Care transitions and sharing of information among jails, prisons, hospitals, residential treatment centers, detoxification and sobering centers, homeless shelters, and service providers for Individuals with complex behavioral health and medical needs.
 - 1.2.1.5. Continuity of Care for Individual in an active course of treatment for an acute or chronic behavioral health condition, including preserving Individual provider relationships through transitions.
 - 1.2.2. Great Rivers BH-ASO will provide Care Coordination to Individuals who are named on the HCA Referral List, also known as the "high utilizer list," in the Trueblood, et al., v. Department of Social and Health Services Settlement Agreement. Great Rivers BH-ASO will:
 - 1.2.2.1. Support connecting Individuals with behavioral health needs and current or prior criminal justice involvement receive Care Coordination.
 - 1.2.2.2. Report semi-annually, using Exhibit R, Semi-Annual Trueblood Misdemeanor Diversion Fund Report Template. Reports must

be submitted to HCA by January 31, for the reporting period of July through December of the previous year, and by July 31, for the reporting period of January through June of the current year.

- 1.3. Coordination with External Entities
 - 1.3.1. Great Rivers BH-ASO coordinates with External Entities including, but not limited to:
 - 1.3.1.1. BH-ASOs for transfers between regions;
 - 1.3.1.2. Family Youth System Partner Roundtable (FYSPRT);
 - 1.3.1.3. Apple Health Managed Care Organizations (MCOs) to facilitate enrollment of Individuals who are eligible for Medicaid;
 - 1.3.1.4. Tribal entities regarding tribal members who access the crisis system;
 - 1.3.1.5. Community Health Clinics, Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHC);
 - 1.3.1.6. The Criminal Justice system (courts, jails, law enforcement, public defenders, Department of Corrections, juvenile justice system);
 - 1.3.1.7. Department of Social and Health Services (DSHS) and other state agencies;
 - 1.3.1.8. State and federal agencies and local partners that manage access to housing;
 - 1.3.1.9. Education systems;
 - 1.3.1.10. Accountable Community of Health (ACH); and
 - 1.3.1.11. First Responders.
 - 1.3.2. Great Rivers BH-ASO will coordinate the transfer of Individual information, including initial assessments and care plans, with MCOs, other BH-ASOs, and Tribes and non-Tribal Indian Health Care Providers (IHCPs) as needed when an Individual moves between regions or gains or loses Medicaid eligibility, to reduce duplication of services and unnecessary delays in service provision.
 - 1.3.3. Great Rivers BH-ASO participates in disaster preparedness activities and responds to emergency/disaster events (e.g., natural disasters, acts of terrorism) when requested by Health Care Authority (HCA), county, a Tribe or Indian Health Service facility, or local public health jurisdiction. Great Rivers BH-ASO will attend state sponsored training and participate in emergency/disaster preparedness planning when requested by HCA, the county or local public health jurisdiction, and Tribes in the region and provide Disaster Outreach and post-Disaster Outreach in the event of a disaster/emergency.
- 1.4. Care Coordination and Continuity of Care: Children and Youth in the Behavioral Health System
 - 1.4.1. Great Rivers BH-ASO coordinates with all child/youth transitional age youth serving systems, as follows:
 - 1.4.1.1. Convene the regional Children's Long-Term Inpatient Program (CLIP) Committee unless an alternative organization is approved by HCA using the guidelines

- provided by HCA;
 - 1.4.1.2. If requested by a WISE provider, CLIP facility, or other program in the behavioral health system served by the Great Rivers BH-ASO; and
 - 1.4.1.3. Refer potentially CLIP-eligible children to the regional CLIP Committee and CLIP Administration.
 - 1.5. Care Coordination and Continuity of Care: State Hospitals and Community Hospital and Evaluation and Treatment 90/180 Civil Commitment Facilities
 - 1.5.1. Great Rivers BH-ASO is assigned Individuals for discharge planning purposes in accordance with agency assignment process within the Great Rivers Region.
 - 1.5.1.1. If Great Rivers BH-ASO disagrees with the Individual assignment, it must request a reassignment within thirty (30) calendar days of admission. If a request to change the assignment is made within thirty (30) calendar days of admission and the request is granted, the reassignment will be retroactive to the date of admission.
 - 1.5.1.2. If the Great Rivers BH-ASO's request is received by HCA after the effective date the reassignment will be based on the date HCA receives the reassignment request form.
 - 1.5.1.3. Great Rivers BH-ASO will be responsible for coordinating discharge for the Individuals assigned and, until discharged.
 - 1.5.1.4. Great Rivers BH-ASO may not enter into any agreement or make other arrangements for use of State Hospital beds.
 - 1.5.2. Admission and Discharge Planning for State Hospital and Community 90/180 Civil Commitment Facilities
 - 1.5.2.1. Great Rivers BH-ASO meets the requirements of the State Hospital MOU or Working Agreement.
 - 1.5.2.1.1. Great Rivers BH-ASO shall ensure Individuals are medically cleared, if possible, prior to admission to a State Psychiatric Hospital or 90/180 Community Civil Commitment facility.
 - 1.5.2.1.2. Great Rivers BH-ASO will make all efforts to divert admissions and expedite discharges by using alternative community resources and behavioral health services, within available resources.
 - 1.5.2.2. Great Rivers BH-ASO works with the discharge team to identify potential placement options and resolve barriers to placement, to ensure that Individuals will be discharged back to the community after the physician/treatment team determines the Individual is ready for discharge.
- 1.6. Tribal Coordination
 - 1.6.1. Great Rivers BH-ASO will provide the following services for American Indian/Alaska Native Individuals in fee for service who have opted out of managed care:
 - 1.6.1.1. Crisis Services and related coordination of care;
 - 1.6.1.2. Involuntary commitment evaluation services;

- 1.6.1.3. Services related to inpatient discharge and transitions of care; and
- 1.6.1.4. Assistance in identifying services and resources for Individuals with voluntary admission.
- 1.6.2. Please reference Great Rivers BH-ASO's Tribal Coordination Policy
- 1.7. Peer Bridger Program
 - 1.7.1. Great Rivers BH-ASO will implement a program staffed by at least one (1) or more Peer Bridger(s) based on HCA contract allocation tables in each region and in collaboration with the MCOs in the region to facilitate and increase the number of State Hospital discharges and promote continuity of services when an Individual returns to the community.
 - 1.7.2. The services will be provided equitably to Individuals assigned to the MCOs and Great Rivers BH-ASO.
 - 1.7.3. Great Rivers BH-ASO may use Peer Bridgers for local psychiatric inpatient discharges.
 - 1.7.4. Great Rivers BH-ASO's Peer Bridger Program will follow the Peer Bridger Program Standards found in Peer Bridger Exhibit G.
 - 1.7.5. Great Rivers BH-ASO ensures that Peer Bridgers can attend treatment activities with the Individual during the one hundred twenty (120) day period following discharge if requested by the Individual. Examples of these activities include but are not limited to intake evaluations, prescriber appointments, treatment planning, etc. This may be extended on a case-by-case basis.
 - 1.7.6. Data Reporting.
 - 1.7.6.1. Great Rivers BH-ASO will submit the Peer Bridger monthly report to HCA by the fifteenth (15th) of the month following the month being reported on the template provided by HCA. The report should include discharges and community placements and efforts to discharge and place Individuals.
 - 1.7.6.2. When reporting service encounters, use the Rehabilitation Case Management Services code for services within the inpatient setting or other appropriate outpatient modalities ensuring no duplication of services occurs, until a new service encounter code is in place that is specific to the program.
 - 1.7.6.3. When reporting Behavioral Health Supplemental Transactions into BHDS, ensure the "Program ID – 42" start/stop date is recorded.
- 1.8. Care Coordination: Filing of an Unavailable Detention Facilities (No Bed) Report
 - 1.8.1. Great Rivers BH-ASO ensures its Designated Crisis Responders (DCRs) report to HCA when it is determined an Individual meets detention criterion under RCW 71.05.150, 71.05.153, 71.34.700, 71.34.710 and there are no beds available at the Evaluation and Treatment Facility, Secure Withdrawal Management and Stabilization Facility, psychiatric unit, or under a single bed certification, and the DCR was not able to arrange for a less restrictive alternative for the individual.
 - 1.8.2. When the DCR determines an Individual meets detention criterion, the investigation has been completed and when no bed is available, the DCR

shall submit an Unavailable Detention Facilities (No Bed) Report to HCA within 24 hours.

- 1.8.3. The report shall include the following:
 - 1.8.3.1. The date and time the investigation was completed;
 - 1.8.3.2. A list of facilities that refused to admit the individual;
 - 1.8.3.3. Information sufficient to identify the Individual, including name and age or date of birth;
 - 1.8.3.4. The identity of the responsible BH-ASO and MCO, if applicable;
 - 1.8.3.5. The county where the Individual met detention criteria; and
 - 1.8.3.6. Other reporting elements deemed necessary or supportive by HCA.
- 1.8.4. When a DCR submits a No Bed Report due to the lack of an involuntary treatment bed, a face-to-face re-assessment is conducted each day by the DCR employed by the Crisis Provider to verify that the person continues to require involuntary treatment. If a bed is still not available, the DCR send a new Unavailable Detention Facilities (No Bed) Report to HCA and the DCR works to develop a safety plan to help the person meet their health and safety needs, which includes the DCR continuing to search for an involuntary treatment bed or appropriate less restrictive alternative to meet the Individual's current crisis.
- 1.8.5. Great Rivers BH-ASO's DCR crisis provider attempts to engage the individual in appropriate services for which the Individual is eligible and reports back to HCA within seven (7) calendar days. The Individual's MCO may be contacted to ensure services are provided.
- 1.8.6. Great Rivers BH-ASO's DCR crisis provider implements a plan to provide evaluation and treatment services to the Individual, which may include the development of LRAs to involuntary treatment, or relapse prevention programs reasonably calculated to reduce demined for evaluation and treatment.
- 1.8.7. HCA may initiate corrective action to ensure an adequate plan is implemented.
- 1.9. Care Coordination and Continuity of Care: Evaluation and Treatment (E&T) Facilities
 - 1.9.1. Great Rivers BH-ASO funds E&T Discharge Planners within the identified funding allocation resources in Exhibit A.
 - 1.9.2. The E&T Discharge Planner develops and coordinates discharge plans that are: complex; multi-system; mixed funding; and specific to Individuals that would otherwise be transferred to a state hospital. The plan shall track the individual's progress upon discharge for no less than thirty (30) days after discharge from the E&T facility.
 - 1.9.3. Great Rivers BH-ASO will submit to HCA the E&T Discharge Planner's reports that track the total number of all discharges from their E&T location and differentiate between those that were deemed complex and those that were deemed standard. The report is due the fifteenth (15th) of the month following the month being reported using the template provided by HCA.

ATTACHMENTS

None.

POLICY SIGNATURE

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Trinidad L. Medina
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11/4/2021

Trinidad Medina,
Chief Executive Director

Date